| FORM PTO-875 (REV. 11-77) | U.S. DEPARTMENT | | | T OF COMMERCE DEMARK OFFICE | | SERIAL NUMBER | | FILING DATE | | | |
|---|---|----------------|---|--------------------------------|---|---|-------------------|---------------|-----------|-------------------|--|
| | | | | | 050083 | | | 10-19-79 | | | |
| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | APPLICANT (First Named Only) | | | 10 | , , , , | |
| | | Derntson, etal | | | | | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | | | | | |
| | (1) FOR | | (2) NUMBER | | | (3) NUMBER Extra | | (4) RATE | | (5) BASIC FEE | |
| | | | FILED | | EXTRA | | | | \$65.00 | | |
| | TOTAL CLAIMS | | / -10= | | = | | × \$2.00 | | 2 1 | | |
| | INDEPENDENT | | 2 - 1= | | | | | | 02,00 | | |
| | CLAIMS | | | | | | × \$10.00 | | 20,00 | | |
| | | | | | | | TOTAL FILI FEE | ING - | 87.00 | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| | (1) | | (2) | (3) | | (4) | | (5) | (6) | (7) | |
| | • | R | CLAIMS EMAINING AFTER IENDMENT | | PR | SHEST NO. EVIOUSLY PAID FOR | | ESENT XTRA | RATE | ADDITIONAL FEE | |
| | | * | | | ** | k _ | | | | | |
| AMENDMENT | TOTAL | | // MINUS | | | | | × \$2 | = | | |
| A | INDEP. | * | 3 | MINUS | | 3 | = | | × \$10 | = | |
| | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | |
| AMENDMENT | TOTAL | * | 30 | MINUS | ** | | = | 19 | × \$2 | 38.00 | |
| | INDEP. | * | 3 | MINUS | | 3 | = | | × \$10 | = | |
| 18 | | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | - 38.00pd | | |
| 10 | ſ | * | | | ** | | | | | 8.00pa | |
| AMENDMENT | TOTAL | | | MINUS | | | = | | × \$2 | = , , | |
| | INDEP. | * | | MINUS | | | = | | × \$10 | = | |
| | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | - | | |
| AMENDMENT | TOTAL | * | | MINUS | k* | E | = | | × \$2 | = | |
| | . 5172 | | | | | | | | | | |
| | INDEP. | * | | MINUS | | | · = | | × \$10 | = | |
| | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | | | | |
| * If the entry in Column 2 is less than the entry in Column 4, write "O" in Column 5. | | | | | | | | | | | |

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 10, write "10" in this space.